

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023261

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 822

STATE FILE NUMBER

FILED JUL 10 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Joseph

Length of stay in lb.

over 25 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 1801 Savannah Avenue

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY
OR
TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 1801 Savannah Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First ERNIE

Middle TRUMAN

Last BELLIS

4. DATE OF DEATH

Month July

Day 6

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/21/1889

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Washington Park Lib.

11. BIRTHPLACE (City and state or country)

Clarksdale Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Charles D. Bellis

13b. MOTHER'S MAIDEN NAME

Elzemer Brooks

14. NAME OF HUSBAND OR WIFE

Mrs. Merle C. Bellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Merle C. Bellis

Address 1801 Savannah A

St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

C.V.A.

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT - SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-6-63

to 4-6-63

and last saw him alive on 4-6-63

Death occurred at

4:00 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. E. Grimes M.D.

22b. ADDRESS

St. Joseph Mo

22c. DATE SIGNED

7-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/8/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Missouri

FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 9, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Woodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

M. E. Grimes, M.D.

DOCUMENT

VS 300
Rev. 4/59

1 5117

2 5117

3

4 0

5 1

6

7 0

8 2

9 331X

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 7-8-63